

Emergency Information Sheet

THIS FORM IS **REQUIRED** FOR ALL **YOUTH** PROGRAMS.
BIRTH CERTIFICATE **REQUIRED** FOR PRESCHOOL AGE CHILDREN

last name, first name, middle initial

child's name: first, middle initial, last	()
street address	home telephone
	()
mother's/guardian's name	work telephone
	()
father's/guardian's name	work telephone
	()
doctor's name	telephone
insurance provider	policy #
subscriber's name	

Medical Information

Please state any medical conditions or allergies of which the staff should be aware (write none if there aren't any):

Behavioral Information

Please note any special recommendations/goals which would be helpful to the staff to understand:

Emergency Information

In case of an emergency, who shall we contact if a parent/guardian cannot be reached? We must have TWO people to call upon.

	()
emergency name 1	telephone
	()
emergency name 2	telephone

If your child's information changes, please call DCS with corrections. Attach additional sheet as needed for medical and/or behavioral information.

M	F	/	/
sex (circle one)		date of birth	
		/	
school attending		age/grade	

Parental Consent & Parent/Guardian Release Form

I, the undersigned of my child, a minor, do hereby consent to my child's participation in voluntary programs of the Town of Andover's Community Services Division.

On behalf of myself and my child, I also agree to forever release the Town of Andover, and all of their employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Community Services Division (the "Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Andover's voluntary programs in the Community Services Division.

On behalf of myself and my child, I also promise, to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, arising directly or indirectly from my child's participation in the Town of Andover's voluntary programs in its Community Services Division.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the these programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage which my child may suffer in these programs.

If I cannot be reached in a medical emergency, I consent to my child's treatment by a medical doctor and agree to pay all costs associated with said treatment, including transportation to a medical facility.

Parent's/guardian's signature	date
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Please print name

Department of Community Services

Town Offices, 36 Bartlet Street, Andover, MA 01810

Telephone: (978)623-8274 ~ www.andoverma.gov/dcs